PTO/SB/17 (07-07)
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Pees paid (\$)	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
For FY 2007			Application Number		09/674,092-Conf. #1549			
For FY 2007	FEE TRANSMITTAL		Filing Date		February 27, 2001			
METHOD OF PAYMENT (s) 225.00 Attorney Docket No. 0030-0200P			First Named Inventor Marcus KEEP)			
METHOD OF PAYMENT (check all that apply)	FUI FT ZUUI		Examiner Name		A. A. Mohamed			
Check Credit Card Money Order None Other (please identify):	X Applicant claims small entity status. See 37 CFR 1.27		Art Unit					
Check Credit Card Money Order O2-2448 Deposit Account Deposit	TOTAL AMOUNT OF PAYMENT	Attorney Docket No. 0030-0200P						
Poposit Account Deposit Account Number Q2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments Charge fee(s) indicated below, except for the filling fee X Credit any overpayments S Credit any overpayments S Credit any overpayments Credit any overpayments Charge fee S Credit any overpayments	METHOD OF PAYMENT (check all that apply)							
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Auditiple Dependent Claims Fee (\$) Fee Paid (\$) Bettra Claims Fee (\$) Fee Paid (\$) Auditiple Dependent Claims Fee (\$) Fee	Provisional 200	100 0	0	0	0	****		
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